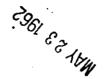
		_			HEALTH AND WELFARE62-012	2399
DO NOT WRITE ON THIS STUB		MENDED			egistration District No. APR 10 1965 Primary Registration District No. 3059 Registrar's No. 139 STATE FILE NUI	MBER
		1 1	1	-	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: F  a. COUNTY  A. STATE N.S	
VS 300 Rev. 4/59	AMENDED			l _	Sc. Francois Missouri Sc. Franco	
	LEN LEN				b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre  8 days Town BonneTerre	Inside Limits Yes 🕅 No 🗆
10941	E AA			—	c. FULL NAME OF (if NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location)	Reside on Farm
2094/2	DATE			_	HOSPITAL OR INSTITUTION Bonne Terre, Hospital Yes K No D ADDRESS 7, Dover St.	Yes 🗆 No 🛣
3					NAME OF DECEASED First Middle Lest 4. DATE Month Day (Type or print) CHARLES EDWARD STEWART DEATH March 31,	Yeer 1962
4 0				-5	SEX 6. COLOR OR RACE 7. Married 10 Never Married 1 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR	IF UNDER 24 HR
5 1			$\cdot$	۱	Male White Widowed Divorced 12/16/1885 76 Months Days	Hours Min.
6	ا ا ي			"	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF v during most of working life, even if retired)	
7 -	CCECWS			<u></u>	Laborer Laborer Valles Mines, Mo. U.S.	<del></del>
<u> </u>		11			William Stewart Eliza Pyatt Amanda Gregory	Stewar
8 2	2				WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address #7 Do	wer St.
	<u>.</u>			_	No None   Mrs. Amanda Stewart, Bonne ]	erre, Mo
10	<		Ξ	ĺ	PART I. DEATH WAS CAUSED BY:	ERVAL BETWEEN SET AND DEATH
11	5 6		DOCUMENT		immediate cause (a) Adeno carcinoma of prostate 6	mos.
10 4 0	INSTEAD OF		ğ		Conditions, if any, 1 DUE TO (b)	
13 / 0	SI				which gave rise to above cause (a),	
1-0	- <del>                                    </del>	++	-		stating the under- lying cause last. ) DUE TO (c)	
	1 1			CATION		vas female was cy in last 90 days.
Į į	2	1		CAI	Arteriosclerotic heart disease	o Unknown
NO.	NO.			. CERTIFI	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II or PA	of item 18.)
RIBBON	Zwe -			MEDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
BLACK INK OR RITER RIBBC					20d. INJURY OCCURRED  WHILE AT WORK   NOT WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	STATE
A S E	READ				21. I attended the decreased from 9-26-53 , to 3-31-62 and last saw her him alive on 3-31-62	
					Death occurred 8: 30 D m on the date stated above, and to the best of my knowledge, from the cau	uses stated.
USE	внопгр	11	P)		22a. SIGNATURE (Cegree or title) 22b. ADDRESS	22c. DATE SIGNED
	ㅎ		₹		Bonne Terre, Missouri	4-3-62
	Š.		AFFIDA\		Burial Creation, 23b. Date 23c. NAME OF CEMETERY OR CREMATORY Jefferson Co.  Burial 4/3/1962 Charter R. P. Valle Minor	(State)
	TEM		BY A		FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. AGGISTRAR'S SIGNATURE	2 11
	-		<del>a</del>	_	Dale Sparks 11, S. Long St. Apr. 3, 1962 Cather Kindle Bonne Terrifice assertion for Reverse Side)	
1						•



If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

## STATEMENT BY LICENSED EMBALMER

or by			, Student Embalmer No
working under my per	sonal supervision.	L	. 1
Student		8igned Lee	rett Sparko
\$ig:	nature of Student Embalmer	_	
			Licensed Embalmer No. 4287
••	••		P. O. Add Donne Line
		CENICED FARRALATED :-	his OWN HANDWRITING. (Failure to comply